



emdeon™

business services

220 Burnham Street • South Windsor CT 06074

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**IDAHO BLUE SHIELD
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CBID2
ELECTRONIC REGISTRATIONS Agreements Required	CPS Provider Enrollment Form <ul style="list-style-type: none">▪ Please complete all requested information.
SPECIAL NOTES	<ul style="list-style-type: none">▪ Only Providers who have a valid provider number with Idaho Blue Shield may submit claims electronically.
SEND REGISTRATION FORMS TO:	Emdeon Business Services Attn: Provider Registration 220 Burnham Street South Windsor, CT 06074 Or fax to: (860) 289-0055
ENROLLMENT CONFIRMATION	<ul style="list-style-type: none">▪ Once Emdeon Business Services has received the <i>Provider Enrollment Form</i>, Idaho Blue Shield will be contacted for confirmation of the provider information.▪ Once confirmation is received the provider or their software vendor will be notified.
CONTACT PHONE NUMBERS	Emdeon Business Services 888-255-7293 Idaho Blue Shield Provider Relations 800-632-2022



PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Idaho Blue Shield – payer ID CBID2**

Provider/Organization Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: _____

Group Number: _____
(if applicable)

Group NPI Number: _____
(if applicable)

Name	Rendering Number	NPI
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____